

EXTENDED TO NOVEMBER 15, 2018

Form **990**

Department of the Treesury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OME No. 1545-0047
2017
Open to Sabilio

A F	or the 2	D17 calendar year, or tax year beginning and en	ding		
Во	heck if	C Name of organization		D Employer identific	ation number
0	pplicable:	INTERSTATE NATURAL GAS ASSN			
	Address change	OF AMERICA	_		
	Neme chenge	Doing business es		73-05	29079
]nitlal return		om/suite	E Telephone number	
	Final return/	20 F STREET, NW 45	50	202-2	216-5900
	termin- eted	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	11,074,555.
	Amended return	WASHINGTON, DC 20001		H(a) Is this a group re	tum
	Applica- tion pending	F Name and address of principal officer: DONALD F. SANTA, JR.		for subordinates	
	pending	20 F STREET, N.W., WASHINGTON, DC 20001		H(b) Are all subordinates Inc	
		pt status: 501(c)(3) X 501(c) (6) ◀ (Insert no.) 4947(a)(1) or	527	· ·	lst. (see Instructions)
		▶ WWW.INGAA.ORG		H(c) Group exemption	
	orm of or	ganization: X Corporation Trust Association Other	L Year	of formation: 1344 M	State of legal domicile: DC
Pe	rt [S	ummary	TC A	N ADVOCACY	
ø	1 Bri	efly describe the organization's mission or most significant activities: INGAA RGANIZATION THAT REPRESENTS THE INTERSTATE	TO W	TIRAT. CAS PT	DRI.TNR
Activities & Governance		eck this box if the organization discontinued its operations or disposed			
ern					27
ò		mber of voting members of the governing body (Part VI, line 1a)			27
4		tal number of individuals employed in calendar year 2017 (Pert V, line 2e)			26
Ses					673
Ž		tal number of volunteers (estimete if necessary)			0.
AC		tal unrelated business revenue from Part VIII, column (c), line 12			0.
	D NE	t unrelated business taxable income non Form 930-1 late 04		Prior Year	Current Year
	8 Co	ontributions and grants (Part VIII, line 1h)		0.	0.
e		ogram service revenue (Part VIII, line 2g)		7,781,208.	7,956,156.
Revenue		restment Income (Pert VIII, column (A), lines 3, 4, end 7d)		338,369.	468,732.
æ		her revenue (Pert VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		tal revenue · add lines 8 through 11 (must equel Part VIII, column (A), line 12)		8,119,577.	8,424,888.
		ants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		nefits paid to or for members (Part IX, column (A), line 4)		0.	0.
18	46 0	laries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,206,955.	4,301,623.
Expenses	16a Pr	ofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.
per	b То	tal fundraising expenses (Part IX, column (D), line 25)	. 768		
ŭ	17 Ot	her expenses (Part IX, column (A), lines 11a 11d, 11f 24e)		3,900,263.	3,224,636.
	18 To	tel expenses. Add lines 13·17 (must equal Part IX, column (A), line 25)		8,107,218.	7,526,259.
	19 Re	venue less expenses. Subtract line 18 from line 12		12,359.	898,629.
10				inning of Current Year	End of Year
Assets of Balance	20 To	tal essets (Part X, line 16)		11,594,611.	14,336,889.
		tal fiabllitles (Part X, line 26)		5,859,111.	5,985,276.
E Se		t assets or fund balances. Subtract line 21 from line 20		5,735,500.	8,351,613.
Section 1	The second second	Signature Block			
		s of perjury, I declare that I have examined this return, including accompanying schedules an			knowledge and belief, it is
true,	correct, a	ind complete. Declaration of preparer (other than officer) is based on all information of which	preparer	nas any knowledge.	
		Signature of officer		Date	
Slgı	- 1.	DONALD F. SANTA, JR., PRESIDENT & CEO		2410	
Her	e	Type or print name and title			 -
_	D	rint/Type preparer's name Preparer's signature /	D	ate / Check	PTIN
Paid		ANCY JOHNSON Many Johnson	-1i	0124/18 if sell-employed	
		rm's name UHY ADVISORS MID-ATLANGIC MD, INC.		Firm's EIN	26-0794367
		rm's address 8601 ROBERT FULTON DRIVE, SUITE 21		• בוון	
	, [11	COLUMBIA, MD 21046		Phone no. (41	.0) 720-5220
Mav	the IRS	discuss this return with the preparer shown above? (see instructions)			X Yes No
	1 11-28-17		, <u></u>		Form 990 (2017)

orm	990 (2017) OF AMERICA 73-0529079 Page 2
Par	Statement of Program Service Accomplishments
A	Check if Schedule O contains a response or note to any line in this Part III
	Check if Galleddie C Contains a receptine of the Carly into the Ca
1	Briefly describe the organization's mission:
	INGAA IS AN ADVOCACY ORGANIZATION THAT REPRESENTS THE INTERSTATE
	NATURAL GAS PIPELINE INDUSTRY IN THE UNITED STATES. INGAA REPRESENTS
	THE INTERESTS OF ITS MEMBERS THROUGH TESTIMONY FILED WITH COMMITTEES
	OF THE UNITED STATES CONGRESS, COMMENTS ON RULEMAKINGS AND OTHER
2	Did the organization undertake any significant program services during the year which were not listed on the
2	I V V II.
	prior total 330 or 300-121
	If "Yes," describe these new services on Schedule O. Did the empiration cease conducting or make significant changes in how it conducts, any program services? Yes X No
3	Did the organization beads dendering, or make significant site.
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, end
	revenue, if any, for each program service reported.
4-	
4a	(Code: / (Experises 5
	PIPELINE SAFETY UNDERTAKING IN 2017 WAS PREPARATION OF COMMENTS
	REGARDING A PROPOSED U.S. DEPARTMENT OF TRANSPORTATION RULEMAKING TO
	IMPLEMENT THE MANDATES OF THE 2011 REAUTHORIZATION OF THE PIPELINE
	SAFETY ACT. INGAA ALSO PREPARED COMMENTS REGARDING THE U.S. DEPARTMENT
	OF TRANSPORTATION'S SAFETY OF UNDERGROUND NATURAL GAS STORAGE
	FACILITIES RULEMAKING TO IMPLEMENT PROVISIONS OF THE 2016
	DEVELOPMENT OF THESE RULEMAKINGS.
	INGAA CONTINUED TO FOCUS ON ASSISTING ITS MEMBER COMPANIES WITH
	IMPLEMENTATION OF VOLUNTARY SAFETY COMMITMENTS TO ACHIEVE THE GOAL OF
	ZERO PIPELINE SAFETY INCIDENTS ESTABLISHED BY INGAA'S BOARD OF
4b	(Code:) (Expanses \$ including grants of \$) (Revenue \$)
-+0	REGULATORY INGAA WORKED EXTENSIVELY WITH MEMBERS TO RESPOND TO THE
	FEDERAL ENERGY REGULATORY COMMISSION'S (FERC) NOTICE OF INQUIRY
	REGARDING ITS POLICY FOR RECOVERY OF INCOME TAX COSTS FOR MASTER
	REGARDING ITS POLICE FOR RECOVERY OF ALDERIL'S REMAND OF
	LIMITED PARTNERSHIPS AFTER THE DC CIRCUIT COURT OF APPEAL'S REMAND OF
	UNITED AIRLINES V. FERC.
	NATURAL GAS-ELECTRIC POWER RELIABILITY REMAINED A PRINCIPAL FOCUS OF
	INGAA'S ACTIVITIES BEFORE FERC IN 2017. INGAA WORKED WITH MEMBERS TO
	COMMENT ON THE DEPARTMENT OF ENERGY'S GRID RELIABILITY AND RESILIENCE
	PRICING NOTICE OF PROPOSED RULEMAKING. INGAA ALSO JOINED A BROAD
	COALITION OF ENERGY AND RENEWABLE GROUPS TO COMMENT JOINTLY. INGAA
	COALITION OF ENERGY AND RENEWABLE GROOTS TO CONTINUES TO BE A LEADING NATURAL GAS INDUSTRY VOICE ON THIS MATTER AND
4c	(Code:) (Expenses \$ Including grants of \$) (Revenue \$
	LEGISLATIVE - INGAA SUPPORTS LEGISLATIVE POLICIES THAT PROMOTE THE
	DEVELOPMENT OF NATURAL GAS INFRASTRUCTURE, AND THE SAFE, EFFICIENT
	OPERATION OF NATURAL GAS PIPELINES. INGAA PROMOTED IMPROVEMENTS TO THE
	PERMITTING PROCESS FOR NATURAL GAS PIPELINES.
	Other was in Schedule (1)
4d) (Revenue S
	Expenses \$ Residency of an action
_ <u>4e</u>	Total program service expenses ► Form 990 (2017

Page 3

INTERSTATE NATURAL GAS ASSN OF AMERICA

Part V Checklist of Required Schedules Yes No 1 is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for Х 3 public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or Х 5 similar amounts as defined in Revenue Procedure 98-197 [f "Yes," complete Schedule C, Part III Did the organization maintain any donor edvised funds or any similar funds or accounts for which donors have the right to X 6 provide advice on the distribution or investment of emounts in such funds or eccounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, X 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X 8 Schedule D. Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liebility, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? X If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent X 10 endowments, or quasi-endowments? | f "Yes," complete Schedule D, Part V If the organization's enswer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X -0.3 as epplicable. e Did the organization report en amount for land, buildings, end equipment in Part X, line 10? If "Yes," complete Schedule D. X 11a Part VI b Dld the organization report en amount for investments - other securitles in Pert X, line 12 that is 5% or more of its total X 11b assets reported in Pert X, line 16? /f "Yes," complete Schedule D, Part VII c Did the organization report en emount for investments - program related in Part X, line 13 that is 5% or more of ite total X essets reported in Pert X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an emount for other essets in Part X, line 15 that is 5% or more of its total essets reported in Х Part X, line 16? If "Yes," complete Schedule D, Part IX X 11e e Did the organization report an emount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liebility for uncertein tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X 11f 12a Did the organization obtain separate, independent audited finencial statements for the tax year? If "Yes." complete X 12a Schedule D. Parts XI and XII b Was the organization included in consolideted, Independent audited financial statements for the tax yeer? 12b If "Yes." and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization heve aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued et \$100,000 X 14h or more? [f "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any X 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to X 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Pert IX. 17 Х 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 18 1c and 8a? /f "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," X complete Schedule G. Part III

Form 990 (2017) OF AMERICA

Part V Checklist of Required Schedules (continued)

-ACRE AC	(SOM)		Yes	No
20e	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistence to any domestic organization or			
-	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			İ
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, thet was issued efter December 31, 2002? If "Yes," answer lines 24b through 24d and complete			ĺ
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24 d		—
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes, " complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? // "Yes, " complete			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to en officer, director, trustee, key employee, substantial			1
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			x
	of any of these persons? If "Yes," complete Schedule L, Part III	27	7, 4	
28	Wes the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	2	7	
	instructions for applicable filing thresholds, conditions, and exceptions):			X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV	200		
C	An entity of which e current or former officer, director, trustee, or key employee (or e family member thereof) was an officer,	28c	<u> </u>	x
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			
30		30		х
	contributions? // "Yes," complete Schedule M			
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		x
-	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
32	Schedule N, Part II	32		х
20	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes, " complete Schedule R, Part II, III, or IV, and			
34	Part V, line 1	34	X	
35a	and the state of t	35a		X
ooa h	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
J	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		L.
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chariteble related organization?			
JU	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R. Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
-	Note, All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
	100017111110000000000000000000000000000	Form	1990	(2017)

_	1017) OF AMERICA 73-0529	079	F	age 5
	1990 (2017) OF AMERICA 75-0323 TV Statements Regarding Other IRS Filings and Tax Compliance	• • • •		ugo -
Tel	Check if Schedule O contains a response or note to eny line in this Part V			X
	Official in Scriedate O Contains a responde of field to thy the manufacture of the contains a responde ce of	,	Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter-0, if not applicable	4.4	AND ADDRESS AND	100
1a	Enter the number reported in Box 3 of Form 1636, Enter 6 in not approach	all and our and		
Ь	Enter the number of Forms W-2G included in line 1a, Enter to 1 not epplicable			(4. ***
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	**************************************	X	11.0%
	(gembling) winnings to prize winners?	10	Standard .	Eug.
2a	Enter the number of employees reported on Form W-3, Transmittal of Wege and Tax Statements,		4.	
	filed for the celeridar year ending with or within the year control of year control of		X	*
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		14:0
	Note. If the sum of lines 1a end 2a is greater than 250, you may be required to e-file (see instructions)	200	61,9A3-17	Х
За	Did the organization have unrelated business gross income of \$1,000 or more during the yeer?	3a	-	<u>^</u>
Ь		3b	 	+-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4.		x
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	- 6. g ()	
b	If "Yes," enter the name of the foreign country:	. Pet		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	ं) जर्द		X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
ь		_5b_		 ^
c		<u>5c</u>	-	 -
6a	Does the organization have annual gross receipts that are normelly greater than \$100,000, and did the organization solicit			٠.
	eny contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation en express statement thet such contributions or gifts	۱		
	were not tax deductible?	6b		S. Louis
7	Organizations that mey receive deductible contributions under section 170(c).		1000	No. As as
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	-	┼
b		7b_		\vdash
¢				
	to file Form 8282?	7c	32.3	
d		1		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	-	
f	Did the organizetion, during the year, pay premiums, directly or indirectly, on e personal benefit contract?	71		┼
g	If the organization received e contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h		7h_		
8	Sponsoring organizations maintaining donor advised funds. Did a donor edvised fund maintained by the		**	
	sponsoring organization have excess business holdings et eny time during the year?	8	h Karan	1 1/
9	Sponsoring organizations maintaining donor advised funds.	1. N	: "	F
а		_9a_		
ь	Did the sponsoring organization make a distribution to a donor, donor edvisor, or related person?	9b	e as Malazá	White a
10	Section 501(c)(7) organizations. Enter:	3405		
а	Initiation fees and capital contributions included on Part VIII, line 12	- 44	A Service	198.5
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			- <u>*</u>
11	Section 501(c)(12) organizations. Enter:			
а		- 35		
b		30	2.874	2.70
	emounts due or received from them.)	9.24	1300	Wil 16
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 In lieu of Form 1041?	12a	-5-A-1166	
b	If "Yes," enter the amount of tax-exempt interest received or eccrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	34	120 - 1	17.45
а	Is the organization licensed to issue qualified health plans in more then one state?	13a	ļ.,	ļ.,
	Note. See the instructions for additional information the organization must report on Schedule O.		7	
ь	Enter the amount of reserves the organization is required to maintain by the states in which the	V. 10	-10	
	organization is licensed to issue qualified health plans	*****	2	
c	Enter the amount of reserves on hand	A 12 11		1.2
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	A THE STREET OF	Form	990	(201

OF AMERICA

73-0529079

Pege 6

Form 990 (2017) OF AMERICA 73-0529079 Peg Part VI. Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

-	Check if Schedule O contains a response or note to any line in this Part VI			
) (tion A. Governing body and Management		Yes	N
	Enter the number of voting members of the governing body at the end of the tax year 1a 27	2397	Y hat	3M
а	If there are material differences in voting rights among members of the governing body, or if the governing	**************************************		
	If there are material differences in voting rights among mentions of the governing body, or it sto governing		5	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. The the number of voting members included in line 1a above, who are independent 1b 27		Y	
þ	Enter the number of young members included in line 12, above, who are independent	$\operatorname{hol}(X_{i})$		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	2	X	
	officer, director, trustee, or key employee?	-	Δ_	\vdash
3	Did the organization delegete control over management duties customarily performed by or under the direct supervision	ا ہا		x
	of officers, directors, or trustees, or key employees to e management company or other person?	3 4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6	Х	┝
6	Did the organization have members or stockholders?	┝╩┤		\vdash
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_	v	
	more members of the governing body?	7a	X	-
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		7.	
	persons other than the governing body?	7b	X	₩
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			ļ
а	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	8a	X	-
b	Each committee with euthority to act on behalf of the governing body?	8b	X	╄
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			l
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	g		%
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			_
	THE STATE OF THE S		Yes	_
۸۸	Did the organization have local chapters, branches, or effiliates?	10a		7
VZ	If "Yes," did the organization have written policies and procedures governing the activities of such chepters, affiliates,			
O	and branches to ensure their operations ere consistent with the organization's exempt purposes?	10b		_
	Hes the organization provided e complete copy of this Form 990 to all members of its governing body before filing the form?	_11a	X_	
18	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
Ö	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	and low ampleyage required to disclose annually interests that could give rise to conflicts?	12b	X	
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			Г
C	Did the organization regularly and consistently monitor and emicros compilates with the party of the property	12c	X	
	In Schedule O how this was done	13	х	T
13	Did the organization have a written whistleblower policy?	14	X	
14	Did the organization have a written document retention end destruction policy?	4.	1-	
15	Did the process for determining compensation of the following persons include a review and approval by independent	8-17	10	3
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	X	
а	The organization's CEO, Executive Director, or top management official	15b	X	+-
b	Other officers or key employees of the organization	2. 141	33	+
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	- 1 ⁵		ŀ
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1		1 2
	Assault and the during the year?	16a		╁
Ŀ	of the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization s			
	exempt status with respect to such arrangements?	16b	<u> </u>	<u> </u>
se	ction C. Disclosure			
17	the state which a copy of this Form 900 is required to be filed ▶DC			
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (Section 501(c)(3)s only)	ıvailabl	е	
18	for public inspection. Indicate how you made these evailable. Check all that apply.			
	Another's website X Upon request Other (explain in Schedule O)			
40	Describe in Schedule O whether (and if so, how) the organization mede its governing documents, conflict of interest policy, and	d financ	cial	
19	to the state of the public during the tax year.			
	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records:			
20	State the name, address, and telephone number of the person who person who have a state the name, address, and telephone number of the person who have a state the name, address, and telephone number of the person who have a state that the name, address, and telephone number of the person who have a state that the name, address, and telephone number of the person who have a state that the name, address, and telephone number of the person who have a state that the name, address, and telephone number of the person who have a state that the name, address, and telephone number of the person who have a state that the name, address, and telephone number of the person who have a state that the name, address, and telephone number of the person who have a state that the name of the nam			
	20 F STREET NW, SUITE 450, WASHINGTON, DC 20001			

OF AMERICA

73-0529079 Form 990 (2017) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O conteins a response or note to any line in this Part VII

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- In columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of *key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received report able compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization end any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization n (A) Name end Title	(B) Average hours per week	(do	not cl	(C Posi neck r sa per	ition		ne an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list eny hours for releted organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099 MISC)	compensation from the organization and related organizetions
(1) ALBERT GIRGIS	1.50								_	
BOARD MEMBER		X				L		0.	0.	0.
(2) RYAN O'NEAL	1.50							_	_	_
BOARD MEMBER		Х				L		_ 0.	0.	0.
(3) VICTOR GAGLIO	1.50	li						_	_	_
BOARD MEMBER		Х			<u> </u>	_	_	0.	0.	0.
(4) DAVID HAAG	1.50							_ :	_	_
BOARD MEMBER		Х			<u> </u>	_		0.	0.	0.
(5) JEREMIAH J. ASHCROFT III	1.50								_	
BOARD MEMBER	<u> </u>	Х			L	_		0.	_0.	0.
(6) PETER TUMMINELLO	1.50					1				
BOARD MEMBER	 _	Х		_	┝	┡-		0.	0.	0.
(7) NORMAN HOLMES	1.50	l								
BOARD MEMBER		Х			_	-	_	0.	0.	0.
(8) FRANK FERAZZI	2.00			,,				0.	0.	0.
2ND VICE CHAIR	1 50	X		Х	⊢	├			0.	0 .
(9) JEFF RUST	1.50	.,				,		0.	0.	0
BOARD MEMBER	1.50	X		-	├─	├		0.	U	0 ,
(10) JOSEPH P. OATES	1.30	х						0.	0.	0.
BOARD MEMBER (11) RON TANSKI	1.50	Δ			├	\vdash				
,	1.50	x			l	1		o.	0.	0.
BOARD MEMBER (12) DIANE LEOPOLD	2.00	Λ		\vdash		╁			<u> </u>	
CHAIR (OCT '16-OCT '17)	2.00	x		х				O.	0.	0.
(13) JEFFREY BRUNER	2.00				┝	1				
1ST VICE CHAIR/CHAIR (OCT'17-OCT'18)		х		x		İ		0.	0.	0.
(14) MIKE MCMAHON	1.50	1			\vdash	Т	_	3.1		
BOARD MEMBER		x		x		Ι.		O.	0.	0.
(15) DAVID SLATER	1.50	-								
BOARD MEMBER	0.10	x						0.	0.	0.
(16) JOHN J. FLYNN	1.50	П								
BOARD MEMBER		x						0.	0.	0.
(17) TERRANCE E. KUTRYK	1.50									
BOARD MEMBER		x			l			0.	0.	0.

Page 7

Form 990 (2017) OF AME	RICA	7.7.		21,0					73-0529	079 Page 8
Part VII Section A. Officers, Directors,		loy	ees,	anc	His	ghes	it Co	ompensated Employee	s (continued)	
(A) Name and title	(B) Average hours per week	(do box	not ci	Pos heck ss per	c) ition more son i		one i an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any 🚊 the	organizations (W-2/1099-MISC)	compensation from the organization and related organizations							
(18) JIMMY STATON	1.50	х					Γ	0.	0.	0.
BOARD MEMBER (19) PHILL MAY	1.50	^	\vdash	-	\vdash	H	\vdash			
BOARD MEMBER	0.10	X			1			O.	0.	0.
(20) JESUS SOTO	1.50			-	Т		-			
BOARD MEMBER	0.10	х			l			0.	0.	0.
(21) WILLIAM YARDLEY BOARD MEMBER	1.50	х						0.	0.	0.
(22) TJ TUSCAI	1.50	x						0.	0.	0.
BOARD MEMBER (23) CHRISTOPHER DITZEL	1.50	X	_					0.	0.	0.
BOARD MEMBER (24) GEORGIA CARTER BOARD MEMBER	1.50	x					-	0.	0.	0.
(25) JOSEPH HARTZ	1.50	<u> </u>	Т	t	T				_	
BOARD MEMBER		х]	l		<u> </u>		0.	0.	0,
(26) STAN CHAPMAN	1.50	x						0.	0.	0.
BOARD MEMBER		_	_	Ь.	_	_		0.	0.	0.
1b Sub-total								3,190,808.	417,671.	845,837.
c Total from continuation sheets to P								3,190,808.	417,671.	845,837.
d Total (add lines 1b and 1c) Total number of Individuals (including compensation from the organization	but not limited to the	ose	liste	ed a	bove	e) wt	10 re			8 Yes No

Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization end related organizations greater than \$150,000? if "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such person

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
135 CALLE CATALINA PLACE, HOUSTON, TX 77007	PROCESS PERFORMANCE MANAGEMENT	431,992.
LINCOLN POLICY GROUP, 1110 VERMONT AVE NW, STE 1000, WASHINGTON, DC 20005	LEGISLATIVE/LOBBYING CONSULT.	260,000.
CROWELL & MORING LLP BO ROY 75509 BALTIMORE, MD 21275	CYBER SECURITY FOR OS&E	246,542.
BRACEWELL & GIULIANI LLP P.O. BOX 848566, DALLAS, TX 75284	PUBLIC RELATIONSHIP SERVICES	204,109.
ICEMILLER STRATEGIES, LLC	STRATEGIC SERVICES	120,000.
2 Total number of independent contractors (including but not limited to those listed \$100,000 of compensation from the organization \$5	d above) who received more than	or and the second
SEE PART VII, SECTION A CONTINUATION SHI	EETS	Form 990 (2017)

OF AMERICA

73-0529079

Form 990 OF AMERI									/3-052	
Part VII Section A. Officers, Directors, Ti		nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	es (continued)	
(A) Name and title	(B) Average hours			(C Posi	C) ition			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Кеу етрюуее	Highest compensated employee	Former	from the organization (W·2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) CHAD ZAMARIN	1.50	x						0.	0.	0
28) CHRISTOPHER OSMAN DIR. OF OPERATIONS, SAFETY AND INTEG	36.50			х				147,675.	0.	12,160
29) SANDRA SNYDER EGULATORY ATTORNEY FOR ENVIRONMENT	36.50			x				160,799.	0.	16,692
30) DONALD F. SANTA, JR PRESIDENT & CEO	30.25			x				1,478,142.	0.	356,681
31) TERRY BOSS	29.00				x			448,443.	0.	117,864
R. VICE PRESIDENT 32) MARTIN EDWARDS III	25.25			-	X			289,134.	0.	92,657
P LEGISLATIVE AFFAIRS 33) JOAN DRESKIN-JACRSON	25.25	_								
P/GENERAL COUNSEL/SECRETA 34) RICHARD HOFFMANN	7.25	_			X			383,006.	0.	112,159
35) CATHY LANDRY	29.00 18.00		_		X	-		37,065.	303,348.	76,240
COMMUNICATIONS DIRECTOR/SE 36) MARVEL COLLIET	18.00 36.25		┝		X		_	114,323.	114,323.	54,464
MANAGER, OFFICE, IT	0.00					X		132,221.	0.	6,920
		-				_				
		Γ							-	
		-								
	 	\vdash	 	\vdash	Н	\vdash	\vdash			
		1				ŀ				

Form 990 (2017) OF AMERICA

Par VIII Statement of Revenue

		Check if Schedule O conta	ins a response	or note to any lin		1	(6)	(5)
W	eric Sur P	ALONG THE STATE OF			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
र ह	1 a	Federated campaigns	1a		一种学生性	多数 的数据的公司	and the state of t	
Grant	b		1b					
	c	F				6	wa Last	
Gifts, ilar A	d	51.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	[[
	е	Government grants (contribution	ons) 1e					
Sign	f	All other contributions, gifts, grant	s, and					
E E		similar amounts not included above	/e 1f					
Contributions, and Other Sim	g	Noncash contributions included in lines 1	a-1f; \$					A STATE OF THE STATE OF
Sa	h	Total, Add lines 1a-1f				A STATE OF THE PARTY OF THE PAR	a the state of the state of	
6	2 a	MEMBERSHIP DUES		Business Code 900099	7,812,848.	7,812,848.		. (% '\$' \
ξ	b	PROJECT REVENUE		900099	143,308.	143,308.		
Program Service Revenue	c d e f	All other program service rever	nue					
	g	Total. Add lines 2a-2f			7,956,156.		and the second	A Comment of the second
	3	Investment income (Including	dividends, intere	est, and				
		other similar amounts)			252,606.			252,606.
	4	Income from investment of tax	exempt bond p	roceeds				
	5	Royalties		<u> </u>				ef a all alle at
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	C	Rental income or (loss)	_	<u> </u>				
	d	Net rental income or (loss)			3 7 7 1 2 2	Certain and the contract of		
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				Constant of
		assets other than inventory	2,865,793.					
	b	Less: cost or other basis		1				Service Constitution (Constitution Constitution Constitut
i		and sales expenses	2,649,667.					
	c	Gain or (loss)	216,126.					4 1 1 2 2 2 2 2
	d	Net gain or (loss)		. <u></u>	216,126.	· Maria de la companya	216,126.	
venue	8 a	Gross income from fundraising including \$						
40		contributions reported on line	1c). See					
F .		Part IV, line 18			gir Jak Care			
Other R		Less: direct expenses		· — — — — — — — — — — — — — — — — — — —	34			
9		Net income or (loss) from fund		_	1.1.6	Mi State of the second of	and the state of t	் நாக்கிரி கர்க்குக்குக் என்று நாள்ளார்.
	9 a	Gross income from gaming ac			1. 1. 1. 1. 1. 1.		The state of	to the second to be been a second
		Part IV, line 19				A STATE OF THE STA	and the state of the state of	
j	b	Less: direct expenses		L		***		4 1 7 42
	C			. <u></u>	TO THE RESERVE OF THE PERSON O	" ₂₁ " * *A	C Har C	and the state of the state of
	10 a	Gross sales of inventory, less				art is	4. ,	
		and allowances			The second of the second	and the way	مرهد ومورد والمام أربهم	Water Charles
		Less: cost of goods sold		·	3.5.	7		
		Net income or (loss) from sale		b	· 10 1 10 10 10 10 10 10 10 10 10 10 10 1	- 5 5 5 855 M. J.	· my photo age of galaxies in a second	- We have not the first of
		Miscellaneous Revenu	е	Business Code		A PER SECURITION OF		es silvinger enga
	11 a				 			
	b				 	-		
	c							
	d	All other revenue			 	公司 包括 激节	and the	STATES TO
		Total, Add lines 11a-11d			8,424,888.		0.	468,732.
	12_	Total revenue. See instructions.				1 - 111	· · · · · · · · · · · · · · · ·	Form 990 (2017)

Form 990 (2017) OF AMERICA
Part X Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All other	<u>er organizations must con</u> this Port IX	nplete column (A).	
	Check if Schedule O contains a respons	(A)	(B)	(C)	(D) Fundraising
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Progrem service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			e de como de la Calonda	STATE OF STREET
•	and domestic governments. See Part IV, line 21			A STATE OF THE STATE OF	301/27
2	Grants and other assistance to domestic				de distriction
-	individuals. See Part IV, line 22				A Track to the con-
3	Grants and other assistance to foreign				AND THE RESERVE OF THE PARTY.
_	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16			The same	
4	Benefits paid to or for members			人名英格兰人姓氏 医克里氏 医克里氏	manager to the first of the
5	Compensation of current officers, directors,	-			
	trustees, and key employees	2,938,433.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	942,535.			
8	Pension plan accruals and contributions (Include				
	section 401(k) and 403(b) employer contributions)	208,388.			
9	Other employee benefits	63,391.			
10	Payroll taxes	148,876.			
11	Fees for services (non-employees):				
а	Management	12 660			
b	Legal	13,669. 22,700.			
C	Accounting	572,314.			
d	Lobbying	3/2,314.	47.	HIROTE WAS ASSESSED.	
•	Professional fundraising services. See Part IV, line 17			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	113,759.			
40	1				
12	Advertising and promotion Office expenses	97,559.			
13 14	Information technology	17,932.			
15	Royaltles	****			
16	Occupancy	289,979.			
17	Travel	97,284.			
18	Payments of travel or entertainment expenses	-	_		
-	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	189,391.			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	115,886.			<u> </u>
23	Insurance	7.0	1 12 1 11 11 2	The 7 S. U.A. Artereur, Letter, victoria	
24	Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e, If line				
	24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)	1 451 506	240 Year, 148 You's		A Property of the second
а	RESEARCH & PROGRAMS	1,471,796. 117,563.			
b	PUBLIC RELATIONS	45,039.			
C	PUBS/SUBSCRIPTIONS	32,268.			
ď	TEMPORARY SUPPORT SERVI	27,497.			
9	All other expenses Add lines 1 through 2/4	7,526,259.			
<u>25</u>	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	1132012331			
26	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
			-		

Form 990 (2017)
Part X Balance Sheet

		Check if Schedule O contains a response or note to eny line in this Part X			<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	126,860.	1	2,566,235.
	2	Savings and temporary cash investments	715,977.	2	96,678
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	181,611.	4	200,038
	5	Loans and other receivables from current and former officers, directors,		3.54 3.70	
ŀ		trustees, key employees, and highest compensated employees. Complete		1. 18%	
		Part II of Schedule L		5	
	8	Loans and other receivables from other disqualified persons (as defined under	图 表記 數學情報	* * *	* * * * * * * * * * * * * * * * * * * *
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		Also Tile	
		employers and sponsoring organizations of section 501(c)(9) voluntary			Branch Control
		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
2	7	Notes and loans receivable, net		7	
Hassels		Inventories for sale or use		8	
1	8 9	Prepaid expenses and deferred charges	115,852.	9	119,860
	-	Land, buildings, and equipment: cost or other		2.5	er Market Salah an
	IUA	basis. Complete Part VI of Schedule D 10a 1,755,644.		dist.	
		Less: accumulated depreciation 10b 1,280,451.	554,600.	10c	475,193
- 1	D	Investments - publicly traded securities	9,880,742.	11	10,859,916
Ì	11	Investments - publicly traded securities Investments - other securities. See Part IV, line 11	, , , , , , , , , , , , , , , , , , ,	12	
	12	Investments - other securities. See Part IV, line 11		13	
	13			14	
-	14	Intangible assets	18,969.	15	18,969
ł	15	Other assets. See Part IV, line 11	11,594,611.	16	14,336,889
-	16	Total assets. Add lines 1 through 15 (must equal line 34)	361,318.	17	459,900
	17	Accounts payeble and eccrued expenses	502/5201	18	
	18	Grants payable	310,881.	19	1,590,085
	19	Deferred revenue	310,0010	20	2/030/035
	20	Tax-exempt bond liabilities		21	
- 1	21	Escrow or custodial account liability. Complete Part IV of Schedule D	5 45 F 85 85 85 85 85 85 85 85 85 85 85 85 85	ిజ్యామ	1. \$3. \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
S S	22	Loans and other payables to current and former officers, directors, trustees,		i ilizari	A CONTRACT OF THE PARTY OF THE
9		key employees, highest compensated employees, and disqualified persons.		22	
Liabilities		Complete Part II of Schedule L		23	
-	23	Secured mortgages and notes payable to unrelated third perties		24	
	24	Unsecured notes and loans payable to unrelated third parties		-24	-
	25	Other liabilities (including federal income tax, payables to related third			
		parties, end other liabilities not included on lines 17-24). Complete Part X of	5,186,912.	25	3,935,291
]		Schedule D	5,859,111.	26	5,985,276
4	26	Total liabilities. Add lines 17 through 25	3,033,111.	20	3,303,210
		Organizations that follow SFAS 117 (ASC 958), check here			
ဖ္က		complete lines 27 through 29, and lines 33 and 34.	5,735,500.	27	8,351,613
ĕ	27	Unrestricted net assets	3,733,300.	28	0,331,013
88	28	Temporarily restricted net assets		1	
틸	29	Permanently restricted net assets		29	5 44 7 74
틝		Organizations that do not follow SFAS 117 (ASC 958), check here			
5		and complete lines 30 through 34.		1	
sts	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	E 725 500	32	0 0 0 0 0 0 0
ž	33	Total net assets or fund balances	5,735,500.		1 1 2 2 2 2 2 2
	34	Total liabilities and net assets/fund balances	11,594,611.	34	Form 990 (201

Form	990 (F017) OF AMERICA	73-05	29079	Pege 12
	Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			X
				000
1	Total revenue (must equal Part VIII, column (A), line 12)			,888.
2	Total expenses (must equal Part IX, column (A), line 25)	2	·	,259.
3	Revenue less expenses. Subtract line 2 from line 1	3		,629.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		,500.
5	Net unrealized gains (losses) on investments	5	454	,602.
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,262	,882.
10	Net assets or fund balances at end of year, Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	<u>8,351</u>	<u>,613.</u>
Pa	rt XII Financial Statements and Reporting			[34]
	Check if Schedule O contains a response or note to any line in this Part XII			X
			2.00	Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		- 3	
	If the organization changed its method of eccounting from e prior year or checked "Other," explain in Schedule	٥.	7. 10. 15	5 (W)
2a	Were the organization's finencial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		(2.0)
	separate basis, consolideted basis, or both:		Ve.	A 1
	Separate basis Consolidated besis Both consolidated and seperate basis		C. 14.7	
b	Were the organization's financial statements eudited by an independent eccountant?		2b	X
	If "Yes," check a box below to indicete whether the finencial statements for the year were eudited on e separate	basis,		· 1000
	consolidated basis, or both:			
	Separate basis X Consolidated besis Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that essumes responsibility for oversight of the	eudit,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X
	If the organization changed either its oversight process or selection process during the tex year, explain in Sche	dule O.		
Зе	As a result of e federal award, was the organization required to undergo an audit or audits ee set forth in the Sin	jle Audit		
	Act end OMB Circular A 1337		За	X
b	if "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such eudits		3b	

Form 990 (2017)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2017
Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Pert II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Pert IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Section	501(c)(4), (5), or (6) organizati	ons: Complete Part III.		· · · · · · · · · · · · · · · · · · ·	de ablé a chi
lame of org	ganization INTERST	ATE NATURAL GAS A	SSN	Emplo	oyer identification number
	OF AMER	ICA			73-0529079
Part I-A	Complete if the org	anization is exempt unde	r section but(c)	or is a section 527 org	anization.
2 Politica	al campaign activity expenditu	ation's direct and indirect politica		> \$	
3 Volunt	eer hours for political campaig	gn activities			
Part I-B	Complete if the org	anization is exempt unde	er section 501(c)(3).	
1 Enter t	he amount of any excise tax i	nourred by the organization under	er section 4955	> \$	
2 Enter t	he amount of enviexcise tex i	incurred by organization manage	rs under section 4955	▶\$	
3 If the c	organization incurred a section	n 4955 tax, did it file Form 4720 f	or this year?		Yes No
4a Was a	correction made?	***************************************			Yes No
Part I-C	Complete if the org	anization is exempt unde	er section 50 I(c),	except section sorto	(o).
1 Enter t	the amount directly expended	by the filing organization for sec	tion 527 exempt funct	tion activities > \$	
2 Enter f	the emount of the filing organ	ization's funds contributed to oth	er organizations for se	ection 527	
exemp	ot function activities				
3 Total 6	exempt function expenditures	. Add lines 1 and 2. Enter here ar	nd on Form 1120-POL,		
line 17	'b				Yes No
4 Did th	e filing organization file Form	1120-POL for this year?	n . 6 . N	triant arranizations to which	
5 Enter	the names, addresses and en	ployer identification number (EIN	t) or all section 527 po	ration's funds. Also enter the	emount of political
contril	hutions received that were pro	tion listed, enter the amount paid omptly and directly delivered to a additional space is needed, provi	separate political orga	anization, such as a separate	e segregated fund or a
ponue	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing orgenization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
			 	-	
	<u> </u>				
			1		

For Peperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2017

Schedule C (Form 990 or 990 EZ) 2017 Part II-A Complete if the org	OF <u>AMERICA</u> janization is exer	npt under section	501(c)(3) and file	73-0 ed Form 5768 (ele	ction under
section 501(h)).	itton bolonge to an affi	listed group (and list in	Part IV each affiliated	group member's name	address. EIN.
	re of excess lobbying		1 arriv odori dimidrod	group member cham	, , , , , , , , , , , , , , , , , , , ,
		nd "limited control" pro	wisions apply		
Lim	ts on Lobbying Expe			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	uence public opinion (grass roots lobbying)	· -		
b Total lobbying expenditures to infl					
d Other exempt purpose expenditures					· · ·
e Total exempt purpose expenditure					
f Lobbying nontaxable emount. Ent				STATE TO THE STATE OF THE STAT	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
If the amount on line 1e, column (a)		bying nontaxable am	ount is:		
Not over \$500,000		the amount on line 1e.			
Over \$500,000 but not over \$1,00		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5		00 plus 10% of the exc			
Over \$1,500,000 but not over \$17	000,000 \$225,0	00 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000	000.			
				ACE	文件为《数学》(
i Subtrect line 1f from line 1c. If zer- j If there is en emount other then ze reporting section 4911 tax for this (Some organizations t	ro on either line 1h or year? 4-Year Av	eraging Perlod Under	ation file Form 4720 section 501(h)		Yes No
(Some organizations t	See the separ	ate instructions for lir	nes 2a through 2f.)		
	Lobbying Expe	nditures During 4-Yea	r Averaging Period		
Calendar yeer (or fiscal yeer beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					,
 b Lobbying ceiling emount (150% of line 2a, column(e)) 	the second secon			2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
c Total lobbying expenditures					
d Grassroots nontexable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2017 OF AMERICA 73-05290

[Part 158] Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

1 During local I or refe a Volumb Pald s C Media d Mailin e Public f Grant g Direct h Rallies	g the year, did the filing organization attempt to influence foreign, national, state or egislation, including any attempt to influence public opinion on a legislative matter erendum, through the use of: teers? staff or management (include compensation in expenses reported on lines 1c through 1i)? advertisements? gs to members, legislators, or the public? cations, or published or broadcast statements? s to other organizations for lobbying purposes?	Yes	No	Amou	unt
local I or refe a Volum b Pald s c Media d Mailin e Public f Grant g Direct h Rallies	egislation, including any attempt to influence public opinion on a legislative matter erendum, through the use of: teers? staff or management (include compensation in expenses reported on lines 1c through 1i)? advertisements? gs to members, legislators, or the public? cations, or published or broadcast statements? s to other organizations for lobbying purposes?				
b Pald s c Media d Mailin e Public f Grant g Direct h Rallies	staff or management (include compensation in expenses reported on lines 1c through 1i)? a advertisements? gs to members, legislators, or the public? cations, or published or broadcast statements? s to other organizations for lobbying purposes?				
d Mailin e Public f Grant g Direct h Rallies	gs to members, legislators, or the public? cations, or published or broadcast statements? s to other organizations for lobbying purposes?				
e Public f Grant g Direct h Rallies	cations, or published or broadcast statements? s to other organizations for lobbying purposes?				
f Grant g Direct h Rallies	s to other organizations for lobbying purposes?			1	
g Direct h Rallies		1			
h Rallies	contact with legislators, their staffs, government officials, or a legislative body?				
	s, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	activities?	7 1	1.		
	Add lines 1c through 1i			2 = 1	. 5-4
		5 6	1 (2000)		
	s," enter the amount of any tax incurred under section 4912	1, 41			_
	s," enter the amount of any tax incurred by organization managers under section 4912				· · · · ·
d If the	filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)(5), or sec	tlon	7.
	301(0)(0).			Yes	No
	and a state of the		1		X
1 Were	substantially all (90% or more) dues received nondeductible by members?			 	X
2 Did th	ne organization make only in house lobbying expenditures of \$2,000 or less? ne organization agree to carry over lobbying and political campaign activity expenditures from the				X
	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No," OF	(b) Part	III-A, line	
	, assessments and similar amounts from members			1,014	,040
expe	on 162(e) nondeductible lobbying and political expenditures (do not include amounts of politinses for which the section 527(f) tax was paid).			1 100	316
a Curre	nt year			1,129	, <u>это</u>
b Carry	over from last year			1 100	216
c Total				1,129	
4 If not	ices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	cess	3	/81	<u>,285</u>
exper	the organization agree to carryover to the reasonable estimate of nondeductible lobbying and production agree to carryover to the reasonable estimate of nondeductible lobbying and production agree to carryover to the reasonable estimate of nondeductible lobbying and production agree to carryover to the reasonable estimate of nondeductible lobbying and production agree to carryover to the reasonable estimate of nondeductible lobbying and production agree to carryover to the reasonable estimate of nondeductible lobbying and production agree to carryover to the reasonable estimate of nondeductible lobbying and production agree to carryover to the reasonable estimate of nondeductible lobbying and productible lobbying agreement to the lobbying agreement agreement to the lobbying agreement to the lobbying agreement to the lobbying agreement agreement to the lobbying agreement to the lobbying agreement to the lobbying agreement agreement to the lobbying agreement to the lobbyin	oolitical	4	348	,031
5 Taxal	ble amount of lobbying and political expenditures (see instructions)		5		
Part IV Provide the	ble amount of lobbying and political expenditures (see instructions) Supplemental Information descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated groups); and Part II-B, line 1. Also, complete this part for any additional information.	o list); Part II		nd 2 (see	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ Go to www.irs.gov/Form990 for instructions and the latest information.

2017 Open to Public Inspection

Name of the organization

INTERSTATE NATURAL GAS ASSN

Employer identification number 73-0529079

	OF AMERICA	73-0529079
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds	or Accounts. Complete if the
	orgenization answered "Yes" on Form 990, Pert IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregete velue of grants from (during year)	
4	Aggregate value at end of year	<u> </u>
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advisors	sed funds
	are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
-	impermissible private benefit?	Yes No
Pa	Conservation Easements. Complete if the organization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	. I W. L
		storically important land area
	Protection of flatchar flabitat	rtified historic structure
	Preservetion of open space	of a compation recomest on the last
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form	Held at the End of the Tax Year
	day of the tex year.	
a	Total number of conservation easements	
b	Total ecreege restricted by conservation easements	2b
¢	Number of conservation easemente on a certified historic structure included in (a)	20
d		
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by th	e organization during the tax
	year >	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	Yes No
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, hendling of violations, and enforcing cor	iservation besentents outling the year
	b bandling of violations and enforcing consents	ation easements during the year
7	Amount of expenses incurred in monitoring, Inspecting, handling of violations, end enforcing conserve	addit easements during the year
	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170	ንሴ\/4\/⊞\/ስ\
8	and section 170(h)(4)(B)(ii)?	Yes No
	In Part XIII, describe how the organization reports conservation easements in its revenue and expense	
9	include, if applicable, the text of the footnote to the organization's financial statements that describes	the organization's accounting for
	conservation easements.	
De	onservation easements.	ther Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Pert iV, line 8.	
	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue state	ment and balance sheet works of art,
18	historicel treasures, or other similar assets held for public exhibition, education, or research in further	ence of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these items.	
	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statemen	nt and balance sheet works of art, historical
-	treasures, or other similar essets held for public exhibition, education, or research in furtherance of pu	ublic service, provide the following amounts
	relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	> \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial	
2	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	D. Collader Comp. 000. Doct VIII. Sport	
	Assets included in Form 990, Part X	

	dule D (Form 990) 2017 OF AMER						-0529079		2
	Organizations Maintaining C								_
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	following that	are a signi	ificant use of	its collection	items	
	(check all that apply):								
a	Public exhibition	d	Loan or ex	change progra	ms				
b	Scholarly research	е	Other						
c	Preservation for future generations								_
4	Provide a description of the organization's co	ollections and explain	how they further t	the organization	n's exemp	t purpose in	Part XIII.		
5	During the year, did the organization solicit of								
	to be sold to raise funds rather than to be ma						Yes	□ N	0
Par	Escrow and Custodial Arran								_
E	reported an amount on Form 990, Pa	=	to a die eigenizen	or an over or o		5 000, t u.	. (0,		
4-	Is the organization an agent, trustee, custod		iany for contribution	ns or other ass	ets not inc	luded			_
18							Yes	□ N	_
	on Form 990, Part X?						103		,
b	If "Yes," explain the arrangement in Part XIII	and complete the los	lowing table.				Amoun		
						1-1-	Amoun		_
C	Beginning balance					1c			_
d	Additions during the year					1d			_
е	Distributions during the year					1e			_
f	Ending balance					11		<u> </u>	_
2a	Did the organization include an amount on F					?	Yes	N	9
	If "Yes," explain the arrangement in Part XIII.								_
Par	t V Endowment Funds. Complete		swered "Yes" on F	-					_
		(a) Current year	(b) Prlor year	(c) Two year	s back (d	Three years	back (e) Four	years back	<u>_</u>
1a	Beginning of year balance				_				
b	Contributions								_
С	Net investment earnings, gains, and losses								_
d	Grants or scholarships								
	Other expenditures for facilities								
•	end programs								_
4	Administrative expenses								
	End of year balance								
g 2	Provide the estimated percentage of the cur		e (line 1a. column (a)) held as:					
_	Board designated or quasi-endowment		%	"					
_	Permanent endowment								
þ	Temporarily restricted endowment								
C	The percentages on lines 2a, 2b, and 2c sho								
_	Are there endowment funds not in the posse	and equal 100%.	tion that are held :	and administer	ed for the	organization			
3a		ession of the organize	ation that are more	and dominion		o gar in a		Yes N	_
	by:						3a(i)		_
	(i) unrelated organizations								
	(ii) related organizations	Maria Patrida de la composicio	and an Cabandula Di	······	•••••				_
b	If "Yes" on line 3a(ii), are the related organization			·		•••••	30		_
4	Describe in Part XIII the intended uses of the	e organization's endo	wment tunas.						_
Pa	t VI Land, Buildings, and Equipn	nent.		0	D-4 V 6-	- 40			
	Complete if the organization answere						(N D	la conflora	_
	Description of property	(a) Cost or o		st or other s (other)		umulated eciation	(d) Boo	k value	
4.	Land				4	1.5			
1a	Buildings	i							
b		1	1.0	83,543.	74	47,536	. 33	6,007	•
C	Leasehold improvements	i		72,101.		32,915		9,186	
d									
<u>e</u>	Other		V ankum- (7) !	100)			47	5,193	
Tota	I. Add lines 1a through 1e. (Column (d) must	egual Form 990. Part	A. COIUMN (B). IINE	IVC.I					_

Δv	AMERICA
UE	ALIDITA

Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	ratuation: Cost or end-of year market value
1) Financial derivatives			
2) Closely-held equity interests		<u> </u>	
3) Other			
(A)			
(B)			
(C)	<u> </u>		
(D)			<u> </u>
(E)			
(F)			
(G)			
(H)			The state of the s
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Complete if the organization answered "Yes" of	on Form 990, Part IV, lin	e 11c, See Form 990,	Part X, lina 13. /aluetion: Cost or end of-year market value
(a) Dascription of investment	(D) DOOK VAIDE	(0) (1) (0) (0)	
(1)		 	
(2)		 	
(3)			
(4)			
(5)			
(6)			
		1	
(7)			
(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part X Other Assets. Complete If the organization answered "Yes" of the complete If the complete If the complete If the organization answered "Yes" of the complete If If the complete If If If If If If If If If If If If If	on Form 990, Part IV, 11r Description		
(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part X Other Assets. Complete If the organization answered "Yes"	on Form 990, Part IV, 1in Description		Part X, line 15.
(8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part X Other Assets. Complete If the organization answered "Yes" (e)	on Form 990, Part IV, tin Description		Part X, line 15.
(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part X: Other Assets. Complete If the organization answered "Yes" (e) I	on Form 990, Part IV, 1In Description		Part X, line 15.
(8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part X Other Assets. Complete if the organization answered "Yes" (e) (1) (2)	on Form 990, Part IV, 1In Description		Part X, line 15.
(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part X Other Assets. Complete If the organization answered "Yes" (e) (1) (2) (3)	on Form 990, Part IV, IIn Description		Part X, line 15.
(8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part X Other Assets. Complete if the organization answered "Yes" (e) (1) (2) (3) (4)	on Form 990, Part IV, IIn Description		Part X, line 15.
(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part X Other Assets. Complete If the organization answered "Yes" (e) I (1) (2) (3) (4) (5)	on Form 990, Part IV, tin Description		Part X, line 15.
(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete If the organization answered "Yes" (e) I (1) (2) (3) (4) (5) (6)	on Form 990, Part IV, tir Description		Part X, line 15.
(8) (9) [otal. (Col. (h) must equal Form 990, Part X, col. (B) line 13.) ▶ Part X Other Assets. Complete If the organization answered "Yes" (e) (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description		Part X, line 15.
(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete If the organization answered "Yes" (e) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X* Other Liabilities.	Description	ne 11d. See Form 990,	Part X, line 15. (b) Book value
(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part X Other Assets. Complete If the organization answered "Yes" (e) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X↑ Other Liabilities. Complete If the organization answered "Yes" (complete If	Description	ne 11d. See Form 990,	Part X, line 15. (b) Book value
(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes" (e) i (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X† Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	ne 11d. See Form 990,	Part X, line 15. (b) Book value
(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" (e) i (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X col. (B) line Part X† Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxas	Description	ne 11d. See Form 990, ne 11e or 11f. See Form (b) Book value	Part X, line 15. (b) Book value
(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part X Other Assets. Complete if the organization answered "Yes" (e) i (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxas (2) RETIREMENT LIABILITIES	Description	ne 11d. See Form 990, ne 11e or 11f. See Form (b) Book value 3,516,405.	Part X, line 15. (b) Book value
(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part X Other Assets. Complete If the organization answered "Yes" (e) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxas (2) RETIREMENT LIABILITIES (3) DEFERRED RENT LIABILITY	Description	ne 11d. See Form 990, ne 11e or 11f. See Form (b) Book value	Part X, line 15. (b) Book value
(8) (9) otal. (Col., (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes" (e) i (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X* Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxas (2) RETIREMENT LIABILITIES (3) DEFERRED RENT LIABILITY (4)	Description	ne 11d. See Form 990, ne 11e or 11f. See Form (b) Book value 3,516,405.	Part X, line 15. (b) Book value
(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Complete If the organization answered "Yes" (e) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X col. (B) line Part X Other Liabilities. Complete If the organization answered "Yes" (a) Description of liability (1) Federal income taxas (2) RETIREMENT LIABILITIES (3) DEFERRED RENT LIABILITY (4) (5)	Description	ne 11d. See Form 990, ne 11e or 11f. See Form (b) Book value 3,516,405.	Part X, line 15. (b) Book value
(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete If the organization answered "Yes" (e) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X col. (B) line Part X Other Liabilities. Complete If the organization answered "Yes" (a) Description of liability (1) Federal income taxas (2) RETIREMENT LIABILITIES (3) DEFERRED RENT LIABILITY (4) (5) (6)	Description	ne 11d. See Form 990, ne 11e or 11f. See Form (b) Book value 3,516,405.	Part X, line 15. (b) Book value
(8) (9) [otal. (Col. (h) must equal Form 990, Part X, col. (B) line 13.] Other Assets. Complete If the organization answered "Yes" (e) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X col. (B) line Part X† Other Liabilities. Complete If the organization answered "Yes" (a) Description of liability (1) Federal income taxas (2) RETIREMENT LIABILITIES (3) DEFERRED RENT LIABILITY (4) (5) (6) (7)	Description	ne 11d. See Form 990, ne 11e or 11f. See Form (b) Book value 3,516,405.	Part X, line 15. (b) Book value
(8) (9) [otal. (Col. (h) must equal Form 990, Part X, col. (B) line 13.] Other Assets. Complete if the organization answered "Yes" (e) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X col. (B) line Part X† Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxas (2) RETIRBMENT LIABILITIES (3) DEFERRED RENT LIABILITY (4) (5) (6)	Description	ne 11d. See Form 990, ne 11e or 11f. See Form (b) Book value 3,516,405.	Part X, line 15. (b) Book value

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

ND.	AMPDICA	

Pa	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	with nevenue per Ket	urri.	
1			1	8,924,917.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		n .: 53	
- e		2a 454,602.	4	
b	Trot difficulties game (cases) of more than	2b	长何"。	
c		2c	and Services	
d	Ticocrotice of prior your grants	2d 45,427.	LaT I	
e	Add lines 2a through 2d		2e	500,029.
3	Subtract line 2e from line 1		3	8,424,888.
4	Amounts Included on Form 990, Pert VIII, line 12, but not on line 1:		- 15 mg 14	
e		ta	1	
ь	Other (Describe in Part XIII.)	4b		
c			4c	0.
5	Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	8,424,888.
Pa	Reconciliation of Expenses per Audited Financial Statements	With Expenses per R	eturn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	7,565,024.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		.,	
е		2a	10.7	
b	Prior year adjustments	2b	\mathcal{F}_{i}	
C	Other losses	2c		
d		38,765.	94420	
e	Add lines 2a through 2d		2e	38,765.
3	Subtrect line 2e from line 1		3	7,526,259.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		1	
a		4a	6-	
b		4b		
c	Add lines 4a end 4b		4c	0.
6	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.)		5	7,526,259.
Pa	rt XIII Supplemental Information.			
Prov lines	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1e end 4; Part IV, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional	nes 1b and 2b; Part V, line 4; al Information.	Part X	, line 2; Part XI,
PA	RT X, LINE 2:			
тн	THE POSTULOUS MAKEN BY MUR ACCOUNTY	ON FOR ANY YEA	RS C	PEN UNDER
<u>TH</u>	E VARIOUS STATUTES OF LIMITATION ARE THAT THE	ASSOCIATION CO	LTMC	NUES TO
BE	EXEMPT FROM INCOME TAXES AND THAT THE ASSOCI	ATION HAS PROP	ERLY	REPORTED
<u>UN</u>	RELATED BUSINESS INCOME THAT IS SUBJECT TO IN	COME TAXES. T	HB_	
<u>AS</u>	SOCIATION BELIEVES THAT THERE ARE NO TAX POSI	TIONS TAKEN OR	EXI	PECTED TO
BE	TAKEN THAT WOULD SIGNIFICANTLY INCREASE UNRE	COGNIZED TAX B	ENEI	FITS
WI	THIN 12 MONTHS OF THE REPORTING DATE.			·········
PA	RT XI, LINE 2D - OTHER ADJUSTMENTS:			
	C REVENUE			45,427.

Schedule D (Form 990) 2017 OF AMERICA	73-0529079 Page 5
Schedule D (Form 990) 2017 OF AMERICA Par Mill Supplemental Information (continued)	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	***
	20 865
PAC EXPENSES	38,765.
· · · · · · · · · · · · · · · · · · ·	
Market Control of the	
· · · · · · · · · · · · · · · · · · ·	
	
	-w.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

Inspection
Employer identification number

73-0529079

Name of the organization

Department of the Treasury

Internal Revenue Service

INTERSTATE NATURAL GAS ASSN

OF AMERICA

Questions Regarding Compensation 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Housing allowance or residence for personal use X First-class or charter travel Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax indemnification and gross-up payments Personal services (such as, maid, chauffeur, chef) Discretionary spending account b If any of the boxes on line 1a are checked, did the organization follow e written policy regarding payment or X reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Written employment contract X Compensation committee Compensation survey or study Independent compensation consultant X Approval by the board or compensation committee Form 990 of other organizations 4 During the year, did any person listed on Form 990, Pert VII, Section A, line 1a, with respect to the filling organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5Ь b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, fine 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2017

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, Jine 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and (D) Nontaxable other deferred benefits		(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	panents	(6)(1)-(0)	reported as deferred on prior Form 990
(1) CHRISTOPHER OSMAN	i)	125,775.	18,400.	3,500.	4,000.	8,160.	159,835.	0.
DIR. OF OPERATIONS, SAFETY AND INTEG		0.	0.	0.	0.	0.	0.	0.
(2) SANDRA SNYDER	i) [140,288.	16,615.	3,896.	5,793.	10,899.	177,491.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
(3) DONALD F. SANTA, JR	i) L	744,547.	718,927.	14,668.	316,200.	40,481.	1,834,823.	300,000.
	ii)	0.	0.	0.	0.	0.	0.	0.
(4) TERRY BOSS	ij	265,192.	169,558.	13,693.	84,024.	33,840.	566,307.	65,558.
	ii)	0.	_ 0.	0.	0.	0.	0.	0.
(5) MARTIN EDWARDS III	i)	167,573.	120,794.	767.	56,358.	36,299.	381,791.	40,794.
	ii)	0.	0.	0.	0.	0.	0.	0.
(6) JOAN DRESKIN-JACKSON (i)	209,922.	161,103.	11,981.	69,889.	42,270.	495,165.	51,103.
	ii)	0.	0.	0.	0.	0.	0.	0.
(7) RICHARD HOFFMANN (i)	32,163.	0.	4,902.	0.	2,548.	39,613.	0.
	ii)	128,651.	155,088.	19,609.	63,498.	10,194.	377,040.	45,020.
(8) CATHY LANDRY	(i)	72,853.	41,470.	0.	22,294.	4,938.	141,555.	14,826.
**·*·	ii)	72,853.	41,470.	0.	22,294.	4,938.	141,555.	14,826.
	(i)							
	ii)		-				-	
	(i)							
	ii)							
	(i)							
	ii)							
	(i)					-		
	ii)							
	i)							
	ii)							
	i)							
	ii)							
10	i)							
	ii)							
	(i)							
	ii)	_						

Part III Supplemental Information	
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any	additional information.
PART I, LINE 4B:	
DONALD SANTA HAS AN AGREEMENT WITH INGAA FOR AN EARLY RETIREMENT BENEFIT.	<u></u>
AMOUNTS ARE INCLUDED IN PART II OF SCHEDULE J.	
DONALD SANTA, TERRY BOSS, MARTIN EDWARDS, III, JOAN DRESKIN JACKSON, CATHY	
LANDRY AND RICHARD HOFFMANN PARTICIPATED IN A DEFERRED INCENTIVE	
COMPENSATION PLAN, AMOUNTS ARE INCLUDED IN PART II, COLUMN "C" OF SCHEDULE	
J	
	Schedule J (Form 990) 2017

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide eny edditional information.

Attach to Form 990 or 990-F7.

➤ Attach to Form 990 or 990-EZ.

➤ Go to www.irs.gov/Form990 for the latest information.

INTERSTATE NATURAL GAS ASSN

2017 Open to Public Inspection

Employer identification number

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INDUSTRY IN THE UNITED STATES. INGAA REPRESENTS THE INTERESTS OF ITS

MEMBERS THROUGH TESTIMONY FILED WITH COMMITTEES OF THE UNITED STATES

CONGRESS, COMMENTS ON RULEMAKINGS AND OTHER REGULATORY INITIATIVES

UNDERTAKEN BY FEDERAL AGENCIES WITH JURISDICTION OVER ITS MEMBER

COMPANIES' ACTIVITIES OR WHOSE ACTIONS OTHERWISE AFFECT ITS MEMBER

COMPANIES, AND ON OCCASION THROUGH PARTICIPATION IN FEDERAL AND STATE

JUDICIAL PROCEEDINGS IN WHICH ITS MEMBERS' COLLECTIVE INTERESTS ARE AT

STAKE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

REGULATORY INITIATIVES UNDERTAKEN BY FEDERAL AGENCIES WITH JURISDICTION

REGULATORY INITIATIVES UNDERTAKEN BY FEDERAL AGENCIES WITH JURISDICTION

OVER ITS MEMBER COMPANIES' ACTIVITIES OR WHOSE ACTIONS OTHERWISE AFFECT

ITS MEMBER COMPANIES, AND ON OCCASION THROUGH PARTICIPATION IN FEDERAL

AND STATE JUDICIAL PROCEEDINGS IN WHICH ITS MEMBERS' COLLECTIVE

INTERESTS ARE AT STAKE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

DIRECTORS. INGAA ASSISTED MEMBERS IMPLEMENTING SAFETY MANAGEMENT

SYSTEMS, WHICH PROVIDE ANOTHER TOOL FOR IMPROVING SAFETY PERFORMANCE.

INGAA REPRESENTED ITS MEMBERS IN A VARIETY OF GOVERNMENTAL AND

NON-GOVERNMENTAL FORUMS AND SIMULATIONS ADDRESSING CYBERSECURITY AND

PHYSICAL SECURITY FOR CRITICAL INFRASTRUCTURE, INCLUDING NATURAL GAS

TRANSMISSION PIPELINES. MEMBER COMPANIES JOINED THE DOWNSTREAM NATURAL

GAS INFORMATION SHARING AND ANALYSIS CENTER THROUGH INGAA AND ARE

TESTING AN AUTOMATED CYBER INFORMATION SHARING SYSTEM.

CORPORATION ENGAGED IN THE PIPELINE TRANSPORTATION OF NATURAL GAS IN NORTH

AMERICA WHOSE ACTIVITIES AND INTERESTS ARE DEEMED BY THE BOARD OF DIRECTORS

TO BE CONSISTENT WITH THE OBJECTIVES OF THE ASSOCIATION), SHALL BE ELIGIBLE

FOR MEMBERSHIP WITH THE RIGHT TO VOTE AT MEETINGS OF THE MEMBERS, THROUGH

THEIR ACCREDITED REPRESENTATIVES.

FORM 990, PART VI, SECTION A, LINE 7A:

ACCORDING TO ARTICLE IV, SECTION 3 OF THE BYLAWS OF INGAA, EACH MEMBER OF
THE ASSOCIATION IN GOOD STANDING AND ELIGIBLE TO VOTE SHALL BE ENTITLED TO
ONE (1) VOTE ON ALL MATTERS PROPERLY BEFORE THE MEETING OF THE MEMBERS. THE
VOTE OF ANY MEMBER OF THE ASSOCIATION MAY BE CAST BY ITS REPRESENTATIVE OR
PROXY. ANY SUCH PROXY MUST BE FURNISHED IN WRITING. ANY PROXY MAY BE
REVOKED AND WITHDRAWN AT ANY TIME BY THE MEMBER WHO CONFERRED SUCH PROXY BY
SO NOTIFYING, IN WRITING, THE PRESIDENT AND THE PERSON TO WHOM THE PROXY
WAS ORIGINALLY GIVEN. NO PERSON OTHER THAN A DULY QUALIFIED MEMBER ENTITLED
TO VOTE AND IN GOOD STANDING OR A PERSON PROPERLY AUTHORIZED TO REPRESENT
SUCH A MEMBER CAN HOLD AND EXERCISE A PROXY FROM ANY MEMBER OF THE

ANY ACTION REQUIRED OR PERMITTED TO BE TAKEN AT ANY MEETING OF MEMBERS MAY,

EXCEPT AS OTHERWISE REQUIRED BY LAW OR THE CERTIFICATE OF INCORPORATION, BE

TAKEN WITHOUT A MEETING, WITHOUT PRIOR NOTICE AND WITHOUT A VOTE, IF A

CONSENT IN WRITING, SETTING FORTH THE ACTION SO TAKEN, SHALL BE SIGNED BY

THE MEMBERS HAVING NOT LESS THAN THE MINIMUM NUMBER OF VOTES THAT WOULD BE

NECESSARY TO AUTHORIZE OR TAKE SUCH ACTION AT A MEETING AT WHICH ALL

MEMBERS ENTITLED TO VOTE THEREON WERE PRESENT AND VOTED, AND THE WRITING OR

WRITINGS ARE FILED WITH THE PERMANENT RECORDS OF THE ASSOCIATION. PROMPT

NOTICE OF THE TAKING OF CORPORATE ACTION WITHOUT A MEETING BY LESS THAN

UNANIMOUS WRITTEN CONSENT SHALL BE GIVEN TO THOSE MEMBERS WHO HAVE NOT

CONSENTED IN WRITING.

FORM 990, PART VI, SECTION A, LINE 7B: ACCORDING TO ARTICLE VII OF THE BYLAWS OF INGAA, THE BOARD MAY CREATE ONE OR MORE COMMITTEES OF THE BOARD ("BOARD COMMITTEES") THAT CONSIST OF ONE OR MORE DIRECTORS. THE CREATION OF A BOARD COMMITTEE, AND APPOINTMENT OF DIRECTORS TO IT, MUST BE APPROVED BY A MAJORITY OF ALL THE DIRECTORS THEN IN OFFICE. THE BOARD MAY DESIGNATE ONE OR MORE DIRECTORS AS ALTERNATE MEMBERS OF ANY BOARD COMMITTEE, WHO MAY REPLACE ANY ABSENT OR DISQUALIFIED MEMBER AT ANY MEETING. BOARD COMMITTEES SHALL HAVE AND MAY EXERCISE ALL THE POWERS AND AUTHORITY OF THE BOARD IN THE MANAGEMENT OF THE BUSINESS AND AFFAIRS OF THE ASSOCIATION TO THE EXTENT PROVIDED IN THE RESOLUTION OF THE BOARD OR IN THE BYLAWS; BUT NO BOARD COMMITTEE SHALL HAVE THE POWER OR AUTHORITY IN REFERENCE TO: (A) AMENDING THE CERTIFICATE OF INCORPORATION OR BYLAWS, (B) ADOPTING AN AGREEMENT OF MERGER OR CONSOLIDATION, (C) RECOMMENDING TO THE MEMBERS THE SALE, LEASE OR EXCHANGE OF ALL OR SUBSTANTIALLY ALL OF THE ASSOCIATION'S ASSETS, (D) RECOMMENDING TO THE MEMBERS A DISSOLUTION OF THE ASSOCIATION OR A REVOCATION OF A DISSOLUTION, (E) ANY OTHER ACTIONS WHICH REQUIRE THE APPROVAL OF THE BOARD UNDER APPLICABLE LAW OR THESE BYLAWS, (F) FILLING VACANCIES IN THE BOARD OR ANY COMMITTEE, (G) ELECTING, APPOINTING OR REMOVING ANY MEMBER OF ANY COMMITTEE OR ANY DIRECTOR OR OFFICER, OR (I) AMENDING OR REPEALING ANY RESOLUTION OF THE BOARD. EACH BOARD COMMITTEE SHALL KEEP MINUTES OF ITS PROCEEDINGS, AND ACTIONS TAKEN BY A BOARD COMMITTEE SHALL BE REPORTED TO THE BOARD.

FORM 990, PART VI, SECTION B, LINE 11B:

AN RLECTRONIC VERSION OF FORM 990 IS DISTRIBUTED TO ALL BOARD MEMBERS PRIOR

TO THE BOARD MEETING FOR THEIR REVIEW. APPROVAL OF THE 990 IS LISTED AS AN

732212 09-07-17 Schedule O (Form 990 or 990-EZ) (2017)

AGENDA ITEM FOR THE BOARD MEETING; AFTER DISCUSSION, A MOTION WAS REQUESTED FOR PERMISSION TO FILE THE FORM 990 AS WRITTEN (OR WITH APPROVED CHANGES)

AND PASSED BY VOICE VOTE.

FORM 990, PART V, LINE 2A, COMMON PAYMASTER

INGAA SERVES AS THE COMMON PAYMASTER FOR ITSELF AND THE INGAA

FOUNDATION, INC. INGAA REPORTED 24 EMPLOYEES ON THE FEDERAL FORM W-3

FOR THE YEAR 2017. OF THOSE 24 EMPLOYEES, FIVE EMPLOYEES' TIME WAS

FORM 990, PART VI, SECTION B, LINE 12C:

ALLOCATED BETWEEN THE ENTITIES.

INGAA HAS TWO CONFLICT OF INTEREST POLICIES. ONE POLICY APPLIES TO ALL

INGAA EMPLOYEES AND THE OTHER POLICY APPLIES TO KEY INGAA EMPLOYEES AND

MEMBERS OF THE BOARD OF DIRECTORS. INGAA STAFF AND THE BOARD WERE BRIEFED

ON THE POLICIES AND WERE PROVIDED WITH EXAMPLES OF THE TYPES OF SITUATIONS

THAT COULD BE DEEMED TO BE "CONFLICTS OF INTEREST" THAT WOULD NEED TO BE

REPORTED TO BITHER THE PRESIDENT, OR OTHER MANAGEMENT. THE ASSOCIATION

MAINTAINS DOCUMENTATION MEMORIALIZING THAT ALL STAFF AND BOARD MEMBERS HAVE

EXECUTED DECLARATIONS STATING THAT THEY HAVE READ AND AGREE TO ABIDE BY THE

CONFLICT OF INTEREST POLICIES.

FORM 990, PART VI, SECTION B, LINE 15:

INTERSTATE NATURAL GAS ASSOCIATION OF AMERICA RETAINS AN INDEPENDENT

CONSULTANT TO PERFORM A MARKET ANALYSIS OF INGAA'S COMPENSATION PRACTICE

FOR SENIOR EXECUTIVES RELATIVE TO COMPARABLE POSITIONS WITHIN SIMILAR

ORGANIZATIONS. THE PRESIDENT OF INGAA PROVIDES THE COMPENSATION COMMITTEE

WITH DOCUMENTATION SUPPORTING RECOMMENDED BASE SALARY ADJUSTMENTS AND

RECOMMENDED INCENTIVE COMPENSATION AWARDS FOR STAFF BASED UPON THE OVERALL PERFORMANCE OF THE ORGANIZATION MEASURED AGAINST ITS ANNUAL BOARD-APPROVED ACTION PLAN AND THE PERFORMANCE OF INDIVIDUAL EXECUTIVES MEASURED AGAINST THEIR ANNUAL GOALS. THE COMMITTEE ALSO EVALUATES THE PERFORMANCE OF THE PRESIDENT BASED ON THESE CRITERIA. THE COMPENSATION COMMITTEE MAKES A FINAL DECISION ON BASE SALARY AND INCENTIVE COMPENSATION FOR THE PRESIDENT AND ALL SENIOR EXECUTIVES WHO REPORT DIRECTLY TO THE PRESIDENT. THE MEMBERSHIP OF THE COMPENSATION COMMITTEE IS IDENTICAL TO THE MEMBERSHIP OF THE BOARD STEERING COUNCIL.

FORM 990, PART VI, SECTION C, LINE 19:

INTERSTATE NATURAL GAS ASSOCIATION OF AMERICA DOES NOT MAKE ITS GOVERNING

DOCUMENTS, CONFLICT OF INTEREST POLICY OR FINANCIAL STATEMENTS AVAILABLE TO

THE PUBLIC. THE ASSOCIATION DOES, UPON REQUEST, SHARE FINANCIAL STATEMENTS

WITH BANKS, INSURANCE COMPANIES AND OTHER VENDORS FOR THE PURPOSE OF

OBTAINING CREDIT.

PART VI, LINE 1A

UNDER THE INGAA BYLAWS, THE BOARD STEERING COUNCIL IS EMPOWERED TO ACT

FOR THE BOARD DURING THE INTERVAL BETWEEN BOARD MEETINGS. THE BYLAWS

STATE:

THE STEERING COUNCIL SHALL BE A BOARD COMMITTEE AND SHALL INCLUDE THE

CHAIRMAN OF THE BOARD (WHO WILL SERVE AS CHAIRMAN OF THE STEERING

COUNCIL), THE CHAIRMAN OF THE BUDGET AND DUES COMMITTEE, THE FIRST VICE

CHAIRMAN, THE SECOND VICE CHAIRMAN, AND THE IMMEDIATE PAST CHAIRMAN OF

THE BOARD.

THE STEERING COUNCIL SHALL ASSIST THE BOARD AND IS EMPOWERED TO ACT FOR
Schedule O (Form 990 or 990-EZ) (2017)

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization INTERSTATE NATURAL GAS ASSN OF AMERICA	Employer identification number 73-0529079
THE BOARD DURING INTERVALS BETWEEN MEETINGS OF THE BOARD.	DURING THESE
INTERVALS, THE STEERING COUNCIL IS CHARGED WITH INFLUENCIN	G AND
DEVELOPING POLICIES ON FEDERAL LEGISLATIVE AND REGULATORY	ISSUES TO
PROMOTE THE GROWTH AND DEVELOPMENT OF THE U.S. MATURAL GAS	PIPELINE
INDUSTRY.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
PENSION-RELATED CHANGES OTHER THAN NET PERIODIC PENSION	
COSTS	1,262,882.
FORM 990, PART XII, LINE 2C:	
NO CHANGES TO THE OVERSIGHT OR SELECTION PROCESS HAS BEEN	MADE DURING
THE TAX YEAR.	
THE TAK TEAK.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2017

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

INTERSTATE NATURAL GAS ASSN OF AMERICA

Employer identification number 73-0529079

Part | Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (e) (f) (d) (c) (b) (a) End-of-year assets Direct controlling Legal domiclle (state or Total income Primary activity Name, address, and EIN (if applicable) entity foreign country) of disregarded entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year. (d) (e) (f) (g) Section 5 12(b)(13) (c) (b) (a) Exempt Code Public charity Direct controlling Primary activity Legal domicile (state or Name, address, and EIN controlled status (if section section entity entity? of related organization foreign country) 501(c)(3)) Yes No THE INGAA FOUNDATION - 52-1667696 20 F STREET, SUITE 450 Х DISTRICT OF COLUMBIA 501(C)(6) NO STUDIES WASHINGTON, DC 20001 THE INGAA PAC - 52-1911400 20 F STREET, SUITE 450 POLICTICAL ACTION Х COMMITTEE DISTRICT OF COLUMBIA WASHINGTON, DC 20001

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2017

Page 2

Part (III	Identification of Related Organizations Taxable as a Partnership. organizations treated as a partnership during the tax year.	Complete if the organization answered	"Yes" on Form 990, Part IV, line	e 34, because it had one or more	related
	organizations treated as a partnership during the tax year.				

(a) Name, address, and EtN of related organization	(b) Primary activity	(C) Legal domicite (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(9) Share of end-of-year assets	alloca	ortionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag partne	Percentage ownership
		:									
					-						

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	tion b)(13) rolled ity?
		country)		,				Yes	No
						,			

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note	: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				27.5 4	Yes	No
1	During the tax year, did the organization engage in any of the following transaction	s with one or more rel	ated organizations listed in Par	ts II-IV?	100	扩大数	言語を
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entit	у		***************************************			X
	Gift, grant, or cepital contribution to related organization(s)					-	X
C	Gift, grant, or capital contribution from related organization(s)				1c		X
d	Loans or loan guarentees to or for related organization(s)				1d		X
е	Loans or loan guarantees by related organization(s)		***************************************	***************************************	<u>1e</u>	5 . S 4.	X
					T1 1957		A D
	Dividends from related organization(s)						X
	Sale of assets to related organization(s)						_
h	Purchase of assets from related organization(s)						X
i	Exchange of assets with related organization(s)					 	X
1	Lease of facilities, equipment, or other assets to related organization(s)				<u>1</u> i	San San	Х
_					2.28	S4 115/46	
k	Lease of facilities, equipment, or other assets from releted organization(s)	***************************************			1k	-	X
- 1	Performance of services or membership or fundraising solicitetions for related org	anization(s)			11	-	X
m	Performance of services or membership or fundreising solicitations by related organizations	anization(s)			<u>1m</u>		X
n	Shering of facilities, equipment, mailing lists, or other essets with related organization	tion(s)				X	-
0	Sharing of paid employees with related organization(s)				10	X	├
					+1 ^f .	y Sin	
р	Reimbursement paid to related organization(s) for expenses		.,		<u>1p</u>		X
q	Reimbursement paid by related organization(s) for expenses				19	X	3
-					3.5		100
r	Other transfer of cash or property to releted organization(s)	,				-	X
5	Other transfer of cash or property from related organization(s)				1 <u>s</u>		X
2	If the answer to eny of the above is "Yes," see the instructions for information on	who must complete th	ris line, including covered relation	onships and transaction thresholds.			
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amou	nt involved		
(1)					.,	-	
<u>(2)</u>							
(3)							
(4)					<u> </u>		
<u>(5)</u>							
(6)			<u> </u>				

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding explusion for certain investment partnerships

(a)	(b)	(c)	(d)	(e)	(1)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec 501(c)(3) 0105.? Yes No	Share of total income	Share of end-of-year assets	Dispropor tionate allocations Yes No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General o managing partner?	Percentag ownershi
		,,	3000013 312 311)	Yes No			TESTNO	(1011111000)	TES NO	
	_				•				1	
				11						
				Ш.			$\perp \perp$		 	
						ĺ				}
							1			
	\dashv									
	-	+		┼-┼-	 	 	+ +		+ + -	1
	7			1				•		
				╁┼	 	 			╁╌┼╌	
				1						
							11			
				1 1			1			
**************************************										1
				$\bot \bot$	1	ļ	+		\bot	
										
				1 1						
				1			+ +			1
						1				1

Schedule R	Form 990) 2017 OF AMERICA	/3-05290/9 P	age 5
Part VI	Supplemental Information.		
	Provide additional information for responses to questions on Schedule R. See instructions.		
	Provide additional information for responses to questions on schedule in. See historicions.		
-			
<u> </u>			
		···	
_			
•			

		Schedule R (Form 990	11 201
		Schedule K (Form 990	r;

732165 09-11-17

Form **8868**

(Rev. January 2017)

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service

File a aaparata application for each return.

▶ Information about Form 8868 and its Instructions is at www.irs.gov/form8868 .

	i ic filing <i>(e-file).</i> You can electronically file Form 8868 to ted below with the exception of Form 8870, Information F						
	s, for which an extension request must be sent to the IRS						
	his form, visit www.irs.gov/efile, click on Charities & Non-						
	atic 6-Month Extension of Time. Only subm						
	rations required to file an income tax return other than Fo			s. REMIC	s. and trusts		
· ·	Form 7004 to request an extension of time to file income			-,			
				Entar fil	ar'a identifylng num	ıhar	
Turna ar	Name of exempt organization or other filer, see instru-	ctions			er identification numb		
Type or print	TATELLO COLO DEL 113 DELLO 3.1 C.3 C. 3 C.031						
print	OF AMERICA		73-052907	9			
File by the due dete for filing your	Number street and seem available (6 D.O. hours	ee instruc	tions.	Social se	ecurity number (SSN		
return, See instructions,	City, town or post office, state, end ZIP code. For a fo	oreign add	ress, sea instructions.	L			
Enter the	WASHINGTON, DC 20001 Return Code for the return that this application is for (file	e a separa	te application for each return)			01	
Applicat		Raturn	Application			Raturn	
ls For	•••	Code	Is For			Code	
	O or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990	D-BL	02	Form 1041-A			08	
Form 472	20 (individual)	03	Form 4720 (other than individual)			09	
Form 990)-PF	04	Form 5227			10	
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990	PT (trust other than ebove)	06	Form 8870			12	
	IRYNA BAUKUNOVI				00004		
	ooks era in tha care of \triangleright 20 F STREET NW,	SUI		, DC	20001		
	none No. ► 202-216-5954		Fax No.				
	organization does not have an office or place of business					la a alla blada	
	is for a Group Return, enter the organization's four digit (ich a list with the names and EINs of		r the whole group, c		
box 🕨	. If it is for part of the group, check this box		45 0040		npt organization retu		
	the organization named above. The extension is for the c			e me exem	npt organizetion retu	111	
IOI	the organization named above. The extension is for the c	Jigainzauc	or s return for,				
	X calendar year 2017 or						
	tax year beginning	, an	d ending				
2 If th	ne tax year entered in line 1 is for less then 12 months, ch		learned house	Final retur	m ·		
	Changa in accounting period						
3a Ifth	nis application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any				
nor	nrefundable credits. See instructions.			За	\$	0.	
b Ift	nis application is for Forms 990-PF, 990-T, 4720, or 6069,	enter any	rafundable credits and				
est	imated tax payments made. Include any prior year overpa	ayment all	owed as a credit.	3b	\$	0.	
c Bal	lance due. Subtract line 3b from line 3a. Include your pay	yment witl	n this form, if required,			_	
	using EFTPS (Electronic Federal Tax Payment System). S			Зс	\$	0.	
Caution: instructio	If you are going to make an electronic funds withdrawal (ns.	(direct det	oit) with this Form 8868, see Form 84	153-EO an	d Form 8879-EO for	payment	
		_					

LHA For Privacy Act and Paparwork Reduction Act Notice, sae instructions.

Form 8868 (Rev. 1-2017)